NATOMAS UNIFIED SCHOOL DISTRICT

CERTIFICATED TIMESHEET

To be completed for any extra duty, coaching stipend, and other stipends fro work beyond normal salary agreement.

FOR THE PERIOD ENDING ____ **FISCAL YEAR** ____________________

EMPLOYEE NAME ____ **EMPLOYEE REF #** __________________________ **SCHOOL SITE/DEPT** ____________________

Completed By Employee				SPSA	*For Office Use Only*								
DATE	DESCRIPTION/PROGRAM	# EXTRA HRS	STIPEND AMT	ACTION / PG #	FUND	RESOURCE	PY	OBJECT	SCHOOL	GOAL	FUNCTION	LOCAL 1	LOCAL 2
		0.00											

Submission of a fraudulent time sheet is prohibited under District Board Policy and Administrative Regulation 4218.

Employee Signature ______________________ **Date** ____________

Administration/Supervisor Approval ______________________ Date ____________